



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

STATE OF HAWAII
HAWAII STATE ETHICS COMMISSION

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Hirano,	Steve	S.	536-5688
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
84 N. King Street	Honolulu,	HI	96817
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)	TELEPHONE		
Pacific Management Consultants, Inc.	536-5688		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
84 N. King Street	Honolulu,	HI	96817

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Board of Water Supply	527-6180
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
630 S. Beretania Street	Honolulu, HI 96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
MAILING ADDRESS (Street)	(City) (State) (Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input checked="" type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy, Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

1/16/03

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Clifford S. Jamile	Manager & Chief Engineer
NAME OF ORGANIZATION (if applicable)	TELEPHONE
Board of Water Supply	527-6180
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
630 S. Beretania Street	Honolulu, HI 96813
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.	
	1.17.03
(Signature of Authorizing Officer or Person Represented)	(Date)